

APPLICATION & ENROLLMENT FORM

Date of Application:			
Name:		Other Name or Other Alias in Last 7 Years:	
Permanent Address:			
Mailing Address (if different from Permanent Address):			
Telephone:		Message Number:	
Email (if applicable):		Previous Occupation:	
Social Security Number or Tax Identification Number:		Gender:	Date of Birth:
<p><i>The following information will be used by the program Sponsor for statistical purposes only. The completion of these 2 sections is strictly voluntary. Failure to respond will in no way affect your consideration for available volunteer opportunities.</i></p> <p><u>Please Check Your Ethnicity</u></p> <p style="text-align: center;"> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino </p>			
<p><u>Please Check Your Race</u></p> <p style="text-align: center;"> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other </p>			
<p>Please check the means of transportation you will be using:</p> <p style="text-align: center;"> <input type="checkbox"/> Drive <input type="checkbox"/> Use public transportation <input type="checkbox"/> Other source </p>			
Driver's License Number:		Expiration Date:	
Languages spoken other than English:			
Other experience relating to FGP and why you would like to become an FGP volunteer:			
<p>Please check your volunteer preference time:</p> <p style="text-align: center;"> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> No Preference </p>			
<p>Please circle the amount of hours you want to work per week:</p> <p style="text-align: center;"> 15 – 20 21 – 30 31 – 40 No Preference </p>			
<p>Please circle your preference of the age group you would like to work with:</p> <p style="text-align: center;"> 0-2 yrs 3-5 yrs 6-9 yrs 10-12 yrs 13+ yrs </p>			
Hobbies and/or General Interests(perhaps to share w/ children)			

REFERENCES

Please list two character references that are **not** related to you. We will be contacting each reference listed.

Name:		Name:	
Phone:		Phone:	
Email:		Email:	
Relationship:		Relationship:	

EMERGENCY CONTACT INFORMATION

Name of Contact Person:	Phone Number:
Address:	Relationship to you:

INSURANCE BENEFICIARY

You **MUST** name a beneficiary for **OUR** insurance carrier in case of accidental death or dismemberment while volunteering

Name:	Phone Number:
Address:	City/State/Zip:

Please let us know if you have a need(s) for any special accommodations in order to be placed as a Foster Grandparent volunteer:

FOR OFFICE USE ONLY:

I have viewed an official picture Identification Card for the person listed on this application.
The Picture ID Card I viewed was the following (check one):

<input type="checkbox"/> Driver's License	<input type="checkbox"/> State of AZ Picture ID	<input type="checkbox"/> Passport ID
<input type="checkbox"/> Other (please identify):		

Volunteer Coordinator Signature: _____ Date: _____

Enrollment Date: _____

Volunteer Station: _____

Training Completed: _____

Foster Grandparent Program Coordinator's Signature: _____

Please submit application to:

ADES Foster Grandparent Program
1789 W. Jefferson, 2nd Floor, 950A
Phoenix, AZ 85007
Phone #: (602) 542-4446
Fax #: (602) 542-6575

I, the undersigned, hereby state that if accepted as a Foster Grandparent volunteer, I agree to the following:

- 1) Abide by program policies and procedures and that of its program partners (also referred to as volunteer stations);
- 2) Commit to serve a minimum of 15 hours per week and up to a maximum of 40 hours per week (not to exceed 2088 hours) over the course of a year;
- 3) Attend required pre-service orientation and training, on-site orientation and training, and in-service trainings;
- 4) Communicate regularly with program and station staff;
- 5) Participate regularly in program related activities and functions; and
- 6) Give permission to contact references and conduct a fingerprinting/background check as part of the screening process for entrance into the program

I have not been convicted of any felony, crime or misdemeanor (other than a minor traffic violation), nor am I currently under indictment. Furthermore, I fully release, discharge and hold harmless the Arizona DES Foster Grandparents Program and its program partners, including their employees, of any and all liability, claims, causes of action, cost, and expenses, which may at any time hereinafter become attributable to my participation in the program.

Furthermore, I fully understand that, if accepted into the Foster Grandparent Program, I am a volunteer in the program and not an employee of the State of Arizona. Also, as a volunteer, I realize that I receive a tax-free stipend and not a taxable wage for my volunteer efforts. If I drive, I certify that I am covered and will maintain the Arizona State minimum automobile liability insurance.

I hereby certify that under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief and I agree to have a background check completed is required.

Signature of Applicant:

Date of Application:

FOR OFFICE USE ONLY:

Copies of the following documents are attached:

Driver's License ☐ MapQuest ☐
Vehicle Insurance ☐

If another person drives, verification applies to them.